



I am pleased to support the incoming class of medical students.

My gift: ☐ \$250
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☐ My **check** payable to St. Luke's University Health Network is enclosed.

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Signature

Date

Please contact 484-526-3067 or email DevelopmentOffice@sluhn.org with any questions.

Kindly mail your check with this form to:
St. Luke's University Health Network
Development Office
801 Ostrum Street
Bethlehem, PA 18015